

### Commonwealth of Kentucky Public Service Commission

#### INFORMATION FORM FOR THE TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Smart Communications Holding, Inc.

Physical Address of Principal Office: Street: 10491 72<sup>nd</sup> Street  
 City: Seminole State: FL Zip: 33777

Primary Contact: Name: James P. Logan Title: President  
 Phone: 941-799-1586 Fax: \_\_\_\_\_  
 Email: jim.logan@smartjailmail.com

Person Responsible For Answering Consumer Complaints:	Name:	<u>James P. Logan</u>	Title:	<u>President</u>
	Address (if different from above)			
	Street:	_____	State:	Zip:
	City:	_____	State:	Zip:
	Phone:	_____	Fax:	_____

In accordance with KRS 278.542(2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, James P. Logan, on behalf of Smart Communications Holding, Inc. do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 8<sup>th</sup> day of MARCH, 2019.

UTILITY: Smart Communications Holding, Inc.

BY: James P. Logan

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 8<sup>th</sup> day of March, 2019.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 23 August 2022

